

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1101567,843

FILING DATE

2/10/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4			1			
5				4		
6			1			
7				1		
8				1		
9			1			
10			1			
11				5		
12				5		
13				5		
14			1			
15				5		
16				5		
17				5		
18				5		
19			1			
20				1		
21				1		
22			1			
23			1			
24				1		
25			1			
26				1		
27				1		
28			1			
29			1			
30				5		
31				5		
32				5		
33			1			
34				1		
35				1		
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48						
49						
50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	65	←		←
TOTAL CLAIMS			78			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						